

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000025961

FILED
Aug 15, 2005
Secretary of State

Entity Name: GR GIORGIANNI, INCORPORATED

Current Principal Place of Business:

11401 NORTH 19 ST.
TAMPA, FL 336126132

New Principal Place of Business:

Current Mailing Address:

11401 NORTH 19 ST.
TAMPA, FL 336126132

New Mailing Address:

FEI Number: 59-3703626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIORGIANNI, GERALD R
11401 NORTH 19 ST.
TAMPA, FL 336126132 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GIORGIANNI, GERALD R
Address: 11401 NORTH 19 ST.
City-St-Zip: TAMPA, FL 336126132

Title: VD () Delete
Name: GIORGIANNI, PATRICIA A
Address: 11401 NORTH 19 ST.
City-St-Zip: TAMPA, FL 336126132

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD () Change (X) Addition
Name: GIORGIANNI, JOSEPH W
Address: 1918 E.115TH AVENUE
City-St-Zip: TAMPA, FL 336126132

Title: VD () Change (X) Addition
Name: KRAUSE, GIGETTA M
Address: 16320 MCGLAMERY ROAD
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA A GIORGIANNI

VD

08/15/2005

Electronic Signature of Signing Officer or Director

Date